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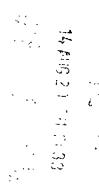
(Re	equestor's Name)	
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Pertified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Son Division of Con			
SUBJECT: LATA	M CARGO LL	С	
SUBJECT:		ited Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JONATHAN	ASERRAF	
		Name of Person	
	···	Firm/Company	
	7950 NW 53	RD STREET, SU	IITE 337
		Address	
	MIAMI, FLOI	RIDA 33166	
	IA@OFFIXSOLU	City/State and Zip Code	
	JA@OFFIXSOLU E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
JONATHAN	N ASERRAF	at 305 799-18	576
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATAM CARGO LLC				
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability Corida document number L14000067379	Company were filed on <u>04/25/2014</u>	a	and assi	gned
his amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:			
he new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" or th	ıe abbrevi	iation "L.	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered agent and/or the new registered office add		er the i	14	of the
Name of New Registered Agent:			<u>~~</u> ⇔	.;
New Registered Office Address:			55)	3
	Enter Florida street address , Florida	·	_'.	7.2 <u>.</u>
	City , T lor loa	_ Zip	o Cöde	L as'
Jose Dogistored Agent's Signature if changing Dogistore		လ		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager. AMBR = Authorized Member <u>Name</u> **Type of Action** Title Address 7950 NW 53RD STREET SUITE 337 **MGRM** MONTEFUSCO, ALEJANDRO MIAMI, FL 33166 **■** Remove □ Add ☐ Remove _□ Add □ Remove □ Add ☐ Remove ÷ □ Add □ Remove _□ Add ☐ Remove

D.	If am	ending a	ny other	informat	ion, enter	change(s) here:	(Attach a	idditional sh	eets, if necessary.)	
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E. ((The eff the dat	ective date: te this docu	must be sp ment is file	ecific, cannord d by the Flo	it be prior to rida Departi	date of rece nent of State	cipt or filed c)	date and c	annot be more	(optional) han 90 days after	_
	Dated	AUG	UST	15TH		_, 20	14	. •			
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						Typed o	or printed :	name of sig	nee		

Page 3 of 3

Filing Fee: \$25.00